

077-2019



Dow AgroSciences

Global Adverse Effects Reporting Form

-009

Section 1. Administrative Data

Your Name* (last name, first name) Ferguson, Brenda	Country* United States	Employee ID* (e.g., U123456) U225415	Date You Became Aware of Adverse Effect Allegation (mm/dd/yyyy) February 8, 2019
Reporter Name (person/organization reporting information to you) Steven C. Marks, Podhursi Orseck, P.A.	Reporter Address (street, city, state/province, country) One SE Third Avenue, Suite 2300, Miami, Florida 33131	Reporter Phone Number (include area/country code) 305-358-2800	<input checked="" type="checkbox"/> New Report <input type="checkbox"/> Update to Previous Report
Contact Name (if different than reporter name) 	Contact Address (street, city, state/province, country) 	Contact Phone Number (include area/country code) 	

Section 2. Pesticide(s) Involved (Include Dow AgroSciences Crop Protection and Seeds Traits & Oils, as well as, third-party products)

Product Name Rodeo	Active Ingredient(s) Glyphosate	Registration # 62719-324	Diluted or Concentrated Unknown	
Product Name Roundup (all formulations)	Active Ingredient(s) Glyphosate	Registration # 	Diluted or Concentrated 	Tank Mix Partner?
Product Name Aqua Star	Active Ingredient(s) Glyphosate	Registration # 	Diluted or Concentrated 	Tank Mix Partner?
Product Name Unspecified "inerts"	Active Ingredient(s) 	Registration # 	Diluted or Concentrated 	Tank Mix Partner?
Product Name Organophosphate (Dibrom)	Active Ingredient(s) 	Registration # 	Diluted or Concentrated 	Tank Mix Partner?

Section 3. Circumstance Information (complete the Form based on information available at the time you become aware of an allegation; no investigation is required)

Date of Exposure or Alleged Adverse Effect (mm/dd/yyyy) Within 2 weeks of moving into	Location of Exposure or Alleged Adverse Effect City Port Charlotte	State/Province Florida	Country United States
Type of Exposure/Event (check all that apply) <input checked="" type="checkbox"/> Human <input checked="" type="checkbox"/> Plant Damage <input type="checkbox"/> Water Contamination (e.g., drinking water, surface water, groundwater) <input type="checkbox"/> Property Damage <input type="checkbox"/> Study <input checked="" type="checkbox"/> Domestic Animal <input type="checkbox"/> Fish or Wildlife <input type="checkbox"/> Other Non-target Organism (e.g., beneficial insects) <input type="checkbox"/> Packaging Failure <input type="checkbox"/> Other (e.g., development of resistance, spill, etc.)			
Situation Application	Use Site Residential	How Exposed Unknown	Route of Exposure (for human and animal only) Unknown
Was Protective Clothing Worn? N/A	Were Label Directions Followed? Unknown	Was Exposure Intentional? (e.g., suicide attempt) Unknown	Any Evidence of Intentional Product Misuse? Unknown

Provide Brief Description of Circumstances

Plaintiff [redacted] is alleging that within two weeks of moving into her home in Port Charlotte, Florida in December 2010 she began "feeling sick." She also alleges that all the pets that lived at her home, which included numerous dogs and birds, suffered from various physical ailments and many of them died. Plaintiff is alleging that her exposure to various glyphosate products, including Rodeo, sprayed near her residence in Port Charlotte, Florida have led to her experiencing bodily injury resulting in pain and suffering, disability and/or disfigurement, mental anguish, and loss of capacity for enjoyment of life.

List Symptoms, if Any

Dizziness, coughing, choking, blurred vision, fatigue, memory loss, Tinnitus, neurological problems, inability to feel pain, slow reaction time, Demyelinating nerves, and loss of consciousness, torn aortic heart valve, and abnormal cholinesterase/plasma blood test.

Who Made the Application? Other	If Other, Please Specify County Employees and Contractors	Is Applicator Certified? Unknown	Method of Application "spray"	Application Rate Unknown
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If Human Exposure

Person 1: Age Unknown	Gender Female	Duration of Exposure (minutes, hours, days, etc.) Unknown	Time Between Exposure and Onset of Symptoms (minutes, hours, days, etc.) Within two weeks of moving into home in Port Charlotte, Florida	Type of Medical Care Sought Various
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For AE COE Use Only

Severity Category(s)	Report: Yes _____ No _____
Date AE COE Received:	If no, why?:

H-B + D-E
2/15/19

If Domestic Animal Exposure:

Animal 1: Indicate Type (e.g., dog, cat, horse, cow, etc.)

"numerous dogs and birds"

Breed/Species

Unknown

Number Affected

Unknown

Type of Veterinary Care

Sought

Unknown

If Wildlife Exposure

Wildlife 1: Indicate Type

Species

Number Affected

If Plant Damage:

Plant 1: Indicate Type

Species

(e.g., corn, soybeans, tomatoes, etc.)

Plants Affected

Number of Acres Exposed

Number of Acres Affected
(showing symptoms)

Additional Information, if Available (e.g., if sampling and/or analysis was performed, provide laboratory results)

Section 4. Study Information (complete this section if you are reporting study-related adverse effects)

Check the category that best describes the type of study information you are reporting:

☐ Toxicological

☐ Metabolites, Degradates, Contaminants, or Impurities

☐ Human Epidemiological or Exposure

☐ Ecological

☐ Pesticides Detected in or on Food, Feed, or Water

☐ Failure of Performance Information

Was Study Discontinued
Before Planned Termination?

Is Study Complete?
(if yes, submit copy of study
report with this Form)

Type of Effect(s) Observed

Species and Strain

Dose(s) or Volume(s)

Number/Sex/Dose

Exposure/Dose Route

Treatment Regimen (frequency/duration of exposure)

Provide Brief Explanation of Triggering Effect

Revised: 7/8/2015